

## Team Evaluation Summary Report and Prior Notice of Eligibility Determination: Communication Disorder

Student \_\_\_\_\_ Date of meeting \_\_\_\_\_

School \_\_\_\_\_ Grade \_\_\_\_\_ DOB \_\_\_\_\_

**Definition:** A communication disorder is a speech or language impairment such as stuttering, impaired articulation, language impairment, or a voice impairment that adversely affects a student's educational performance.

### Assessment Information for Classification:

1. Information provided by Communication Disorders Specialist of Speech/Language Pathologist:

Listening \_\_\_\_\_

Reasoning \_\_\_\_\_

Speaking \_\_\_\_\_

2. Phonology \_\_\_\_\_

3. Audiometric testing \_\_\_\_\_

4. Articulation \_\_\_\_\_

5. Language \_\_\_\_\_

6. Voice / fluency \_\_\_\_\_

7. Oral-peripheral examination \_\_\_\_\_

8. Other Assessments as determined by team \_\_\_\_\_

9. Academic Achievement Data. (test, date, results)

Language Arts \_\_\_\_\_

Math \_\_\_\_\_

10. Information from Parents \_\_\_\_\_

- Is a lack of instruction in reading or math the primary factor in determining eligibility? ☐ Yes ☐ No
- Is limited English proficiency the primary factor in determining eligibility? ☐ Yes ☐ No

### Parent Prior Notice for Eligibility Determination

The Procedural Safeguards you received previously afford you protection. You may request another copy of the Procedural Safeguards from the special education teacher. If you have any questions regarding this notice or Procedural Safeguards, contact the principal or the special education teacher at the student's school.

Based on the evaluation data, the multidisciplinary team proposes the following action:

- ☐ This student has the educational classification of Communication Disorders, as defined in the Individuals with Disabilities Education Act (IDEA), that adversely affects educational performance and requires specialized instruction.
- ☐ This student does **not** have the educational classification of Communication Disorders, as defined in the Individuals with Disabilities Education Act (IDEA), that adversely affects educational performance and does not require specialized instruction.

Special Education Teacher Signature \_\_\_\_\_ Date \_\_\_\_\_

Communication Disorder Specialist Signature \_\_\_\_\_ Date \_\_\_\_\_

Parent Signature (signature acknowledges receipt of copy) \_\_\_\_\_ Date \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

\*Note: If parent signature is missing, check below:

☐ Did not attend (document efforts to involve parent)

☐ Participated via telephone, video conference or other means

☐ Copy of this document mailed to parent on (date) \_\_\_\_\_